



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: April 27, 2012

HSS 12 020

HEALTHY LIFESTYLES INTERVENTIONS: A COMMUNITY COOPERATIVE AGREEMENT

FOR

DIVISION OF PUBLIC HEALTH

Date Due: May 29, 2012
11:00AM

ADDENDUM # 2

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE
MENTIONED BID.

Responses to questions addressed at the pre-bid meeting on April 27,
2012 are attached.

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HEALTHY LIFESTYLES INTERVENTIONS: A COMMUNITY COOPERATIVE AGREEMENT

Pre-bid Meeting Questions and Answers

April 27, 2012

1. I have a question *about questions* regarding the Healthy Lifestyles Intervention grants! At the pre-bid meeting, will you only address questions that have been submitted to you in writing by tomorrow? Or will there be a time to ask questions there?

Answer: All questions received by tomorrow's due date (April 20, 2012) will be addressed at the pre-bid meeting. In addition, the pre-bid meeting is the bidders' other opportunity to ask questions about the RFP. There will be time for questions at the pre-bid meeting. Following the pre-meeting bidder communication is limited to Procurement Administrator, Delaware Health and Social Services. The central phone number for the Procurement office is (302) 255-9290 (Pg 3 and 6 of the RFP).

2. Should applicants propose initiatives based on the regions and objectives listed on page 9-10 of the RFP or should we focus on the performance goals listed on page 10?

Answer: Qualified vendors should be able to understand the connection between the specified regions of interest and the performance goals of 1) reducing the rate of obesity through nutrition and physical activity interventions; 2) reducing the rates of specific chronic diseases (e.g. heart disease, diabetes); and 3) increasing health, wellness and safety programs that target the reduction of health disparities and produce a change in personal health practices.

- a. Do we have to address each performance goal or can we submit a proposal that achieves one of the three goals?

Answer: DPH prefers proposals that address all 3 performance goals. By addressing PG 1, we expect there will be positive outcomes associated with PG 2. PG 3 is also required and includes preferred target populations. (Please see page 8 of the RFP) The CCA project will ensure a strategic focus on communities at greatest risk and will establish enhanced data collection and analysis processes to inform policy and program development.

3. Can this funding be used to run programs and, specifically, to subsidize program or membership fees to ensure access for underserved populations?

Answer: Component B of the RFP states that applicants are to create healthier communities through implementing evidence-based policy, program and infrastructure change strategies within their targeted community. If subsidizing program or membership fees is a part of the proposed intervention, it must be stated and justified as a credible intervention that will produce the desired performance goals of the project. There is not a restriction for this.

- b. May applicants use grant funds to enhance and expand already existing programs that are accomplishing the desired goals?

Answer: Please, let me clarify to all potential bidders—THIS IS NOT A GRANT. Funds will be transferred to successful applicants through a DPH Contract. All DPH Contracts have performance deliverables and specific outcomes. All will be relative to the specifications of this RFP. The proposals may be use to expand/enhance already existing programs that are “directly” accomplishing the desired goals.

- c. Or, is this funding intended solely to conduct assessments and create strategic plans?

Answer: No, solely conducting assessments and creating strategic plans will not produce the desired results or achieve the stated performance goals. This RFP is about implementation of efforts and/or interventions and these must reflect the stated strategic areas of focus, the stated regions of interest and achieve the desired impact associated with the performance goals.

4. Is there a suggested or target population size for the community that applicants define for the basis of their proposal?

Answer: In DPH, we have seen vendors provided with little resources accomplish amazing outcomes. Interventions associated with policy, systems and environmental change strategies can impact a very large population or even the state’s population. DPH has not set a specific population size; however, it is recommended that bidders focus on communities and/or counties at greatest risk for overweight, obesity and chronic disease related illnesses.

5. Under component B, are the bulleted list of implementation strategies all to be covered? Or, what are the priorities of DHSS among these bulleted strategies?

Answer: No, it is not expected that bidders must cover every bullet under this section. However, these are all important strategies that are of interest to the PANO program, DPH and DHSS. Bidders may be able to identify, propose and justify other evidence-based strategies that will help to achieve the desired results of this RFP. The DPH Director has identified four (4) priority areas for the division which are: 1) promoting healthy lifestyles; 2) eliminating health disparities; 3) health reform; and 4) organizational development. Strategic directions for the PANO program include: 1) healthy and safe physical environments; 2) clinical and community preventive services; 3) empowered people; and) elimination of health disparities.

6. Re: Second bullet dot on p. 11 “Assess physical activity levels...”

- a. Would you elaborate and/or give specific examples.

Answer: An example of “assess physical activity levels and providing education, counseling and referrals” would be implementing a formal program, in collaboration with parks/ recreations centers, that will improve physical activity monitoring and surveillance capacity to effectively measure a communities level of physical activity (walking, biking etc.) and having a component to this activity that will provide educational tools and resources to educate the public on the importance and benefits of physical activity. This is just an example and does not mean that this is the only intervention that meets this criterion. The bulleted lists are all important strategies that are of interest to the PANO program, DPH and DHSS. Bidders may be able to identify, propose and justify other evidence-based strategies that will help to achieve the desired results of this RFP.

- b. Should this activity be focused on partner communities (e.g., the same communities for which the contractor conducts an assessment of community design that promotes physical activity)? Or is the intent to provide resources statewide via resources such as an online toolkit?

Answer: I believe this question is relative to the difference associated with Component A and Component B explained in the RFP. Component A must work to provide technical assistance and resources to vendors in Component area B—not just via an online resource. This may involve face- to- face trainings, workshops, and/or seminars to assist county specific activities. Additionally, the successful bidder for Component A will be instrumental in assisting DPH with identifying, compiling and evaluating key health mapping data. The purpose for this will be to identify the best targeted areas for interventions that will impact the populations with greatest public health needs.

7. As part of Component B, would it be appropriate to provide resources, training, and/or technical assistance to help communities better prepare the built environment for the rapidly aging population and the overwhelming desire of seniors to continue living independently in their own communities (“age in place” or “age in community”)? As an example, the contractor could add a create an online resource focusing on strategies to help communities better prepare for the rapidly aging population with special attention given to the built environment. As you probably know, nearly 90% of Americans 65+ desire to live in their current residence as long as possible. In the year 2030, 33% of the people in Sussex County will be 65+, and 24% in the State.

Answer: The review panel will leave the appropriateness of the proposed interventions to the bidders’ ability to state and justify it as a credible evidence-based intervention that will produce the desired performance goals of the project.

8. I see that there is a pre-bid meeting this Friday in New Castle. My question is it a requirement to be in attendance, or is there a call-in number which I can conference?

Answer: Please see page 2 of the RFP...*“attendance is not mandatory....entities who wish to bid on this proposal are strongly encouraged to attend...”*. Bidders will not be disqualified if they do not attend. I was also informed that questions will be accepted up to the day before the pre-bid meeting. Unfortunately, there will not be a tele-conferencing line available.

9. Will you post the sign-in sheet on the website along with the Q & A?

Answer: Yes

10. Can one proposal address both components A & B? If someone submits a proposal that contains both components A & B can one component be funded while another component is not? Should separate budget be submitted for A & B?

Answer: Yes, one bidder may propose both components A & B. It is possible that one part is funded and one part is unfunded. Any application that proposes both components A & B should have an integrated implementation plan. If part of this proposal does not meet the expectations of the review panel as relative to achievement of performance goals of the RFP, the proposal will not be funded. As such, it would be very likely that the entire proposal may not be funded. Under a combined proposal, separate budget narratives must be submitted.

Other possible scenarios include a bidder submitting separate proposals- one for component A and one for component B. DPH may also award several contracts for Component B. Bidders could submit a proposal(s) to cover just one county, two counties, or all three counties.

11. How are contracts reviewed? Is it a group of people or one person? Will a critique of the contract proposal be provided to the application (e.g. strengths /weaknesses)?

Answer: RFP proposals will be reviewed by a convened panel of DPH professional administrative staff. The team has not been formed; however, approximately six review panelists are expected. Determination of participants for the review panel will be based on: 1) knowledge of health promotion and disease prevention public health programs; 2) knowledge on effective program planning, implementation and evaluation methods; and 3) a reviewer's affiliation with any of the proposed bidders that may preclude them from being fair and impartial to the process. The division review process will entail a scoring rubric. The rubric criteria is based on the weighted categories identified on page 24-25 of the RFP. Additionally, page 11-13 states "the bidder's proposal work plan should be organized to adequately address..." five (5) areas. Please review the RFP for the details.

DPH does not provide a summary of "strengths and weaknesses" to bidders after the review process as is done in some federal and foundation grant applications. As a reminder, this RFP is not awarding a grant; DPH will negotiate a contract with the successful bidder(s). DHSS does however, have a debriefing process. During a debriefing, the bidder's proposal will be discussed. If a bidder wishes to request a debriefing, he must submit a formal letter to the Procurement Administrator, Herman M. Holloway Campus, Delaware Health and Social Services Main Building, 2nd Floor, Room 257, 1901 N. duPont Highway, New Castle, Delaware 19720 within 10 days after receipt of Notice of Award. The letter must specify reasons for the request (Pg 24 of the RFP).

12. Is the proposed budget for one year or two years?

Answer: Contract term is for two (2) years with the possibility of renewal for up to three (3) additional years contingent on funding and additional needs to be addressed. Performance of contract deliverables and stated outcomes will also be a factor in continued funding. Contract negotiations at the division level may result in changes to the term length.

13. Within the evaluation, can a proposal be approved if there is not measurement of stated health outcome? For example, if you were implementing a program at state parks and you wanted to measure the number of people visiting the park, but you could not assess if the visit impacted a health outcome?

Answer: DPH expects that the proposed intervention will include process and impact measures. Process evaluation measures might include whether you established the program as intended, and how many participants were involved. Impact measures include changes in risk factors or behavior, e.g. are participants now more physically active, or eating healthier foods. Outcome measures—e.g., did changes in behavior result in lower obesity, cardiovascular disease, or diabetes prevalence—are long-term measures and generally not demonstrable in one or two years. The applications should define baseline data that is available or will be collected for all three types of evaluations—process, impact and outcome.

14. Should bidder's be measuring at the community level or measuring individual levels?

Answer: Interventions associated with policy, systems and environmental change strategies can impact populations at the community, county or state level. While individual data may be collected, the aggregate population data is most important for evaluation.

15. How is the co-applicant defined versus subcontractor? And, their responsibilities.

Answer: Please see page 13 in the RFP for the details on subcontractor and *co-contractor*. For purposes of this RFP, funds will be transferred to successful applicants through a DPH Contract. All DPH Contracts have performance deliverables and specific outcomes. The vendor selected for this contract will be the responsible party (primary vendor) for executing all performance deliverables and specific outcomes of all activities associated with this RFP. This means any activities conducted under this contract will bind sub or co-contractors to the primary terms, specifications, and standards of the RFP. The sub or co-contractors will not have a legal relationship with DPH; however, sub or co-contractors will have a legal relationship with the primary vendor that is selected to accept these funds via a DPH Contract.

16. Should the applicants that submit for both A & B parts submit separate budget for each part?

Answer: Yes.